

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	3					
5	1					
6	1					
7	1					
8	1					
9	8					
10						
11	1					
12		1				
13						
14						
15						
16						
17						
18						
19		1				
20	1					
21		1				
22						
23	1					
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25	1					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	19					
TOTAL CLAIMS	27					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						